

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>2-14-01</u>		2 Serial/Patent # <u>09/636448</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>65</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ <u>65.00</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	No Fee Due (Explanation):	9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;"> <div style="display: flex; justify-content: space-around; width: 100%;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div> </div>	
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>L Hallman</u>		TITLE: _____		
SIGNATURE: <u>L Hallman</u>		PHONE: _____		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*